

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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3		/				
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48		/				
49		/				
50		/				
TOTAL IND.			↓			↓
TOTAL DEP.			↔	↔		↔
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52			/			
53	/					
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99						
100						
TOTAL IND.	7		↓			↓
TOTAL DEP.	46		↔	↔		↔
TOTAL CLAIMS	53					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS